

REVIEW.

- ART. XV.—1. *Physician and Patient; or, a Practical View of the Mutual Duties, Relations, and Interests of the Medical Profession and the Community.* By WORTHINGTON HOOKER, M.D. 12mo. pp. 453: New York, 1849.
2. *Déontologie Médicale, ou des Devoirs et des Droits des Médecins dans l'Etat actuel de la Civilisation.* Par le Docteur MAX. SIMON. 8vo. pp. 590. Paris, 1845.
3. *The Moral Aspects of Medical Life, consisting of the "Akesios" of Prof. K. F. H. Marz.* Translated from the German, with Biographical Notices and Illustrative Remarks. By JAMES MACKNESS, M.D. 12mo. pp. 348. London, 1846.
4. *On the Relations of the Physician to the Sick, to the Public, and to his Colleagues.* By the late CHRISTOPHER WILLIAM HUFELAND, M.D. 18mo. pp. 37. Oxford, 1846.
5. *Guide ou Instruction pour connaître et choisir un Médecin.* Par le Dr. T. FRANCK. Traduction Française, 12mo. pp. 108. Paris, 1846.
6. *Des Devoirs et des Droits des Médecins.* Par le Dr. H. SCOUTETTEN. 8vo. pp. 27. Metz, 1847.
7. *Des Devoirs des Médecins.* Par le Prof. FORGET, de Strasbourg. Bull. de Thérapeutique, tome xxxviii.
8. *Code of Ethics of the AMERICAN MEDICAL ASSOCIATION, adopted May, 1847.*

It is a curious and interesting fact that, of the two secular learned professions, whilst law is almost entirely destitute of an ethical literature, medicine has in all ages attracted the attention of moralists, and afforded them a prolific theme and innumerable occasions for discussing the duties and rights of physicians. If argument drawn from other sources were lacking, this consideration alone would justify the claim which the medical profession makes to rank next in honour to the clerical. At man's entrance into the world, scarcely has the physician's duty been fulfilled before the priest assumes his function; ministers to the bodily pains and to the soul's sorrows attend him on either side through life, and when he is about to die the one provides him with a soothing draught, that he may listen in peace to the consolations of the other.

In remote antiquity, medicine found its cradle near the shrines of divinities, and within the gates of their very temples; the minister at the altar was also the healer of the sick. Whether it be considered that this union of functions was the natural consequence of the prevalent notion that disease was an evidence of the wrath of heaven; and that its removal was most effectually to be sought in propitiating the Divine vengeance, or whether it be considered that the priesthood were inspired by their calling with a sentiment of benevolence which prompted them to assuage the ills of mortality; and that, to enforce their prescriptions, they felt a religious sanction to be the most effectual means, certain it is that the veneration accorded in all ages to physicians must have originated in the close alliance of their own with sacerdotal duties. Even when medicine became an independent art, it was frequently studied and practised

by the priesthood; and, during the middle ages of our own era, numerous examples are to be met with of the union of priestly and medical functions. The physician, like the priest, is by the nature of his duty placed in a less direct and immediate relation with the artificial beings whom the usages of society have moulded into unnatural shapes, than with *men* in their real form and character. To his eye the blemishes and vices of the physical and often of the moral nature of his patient must be unveiled, and he is frequently obliged to become the depositary of secrets which involve life or honour, and to act both as counsellor and judge in the court of conscience.

The physician is, moreover, perpetually called upon to determine questions which involve not only the future soundness and happiness of his patients, but even their lives. He is, therefore, bound never to lose sight of his accountability to law and conscience, for the rectitude of his conduct. Through this habitual circumspection, he grows accustomed to regard his relations to his fellow-men in a moral aspect. Many questions of practice have been debated by medical writers with great provision of learning and dialectic skill, and with an earnestness that proved of how weighty importance they held it to reach a just conclusion; and if, in the present age, less prominence is given to such discussions, let us hope that a due sense of right and wrong has been so generally drawn from other sources as to render them less necessary than formerly to thoroughly educated physicians. But, if the principles which should regulate the intercourse between physicians, and between them and their patients, may be looked upon as almost settled, there never was a time when the profession needed, so much as at present, to be informed of the decisions which have been reached, and of the grounds upon which they rest. Formerly, the length of time to which medical pupillage extended, the solid elementary instruction which was insisted upon, the distinction which the diploma conferred, and various other causes, combined to make the young practitioner conscious of his dignity, and sedulous to preserve his honour unquestioned, and his conscience unsullied. But since, in so many directions, the teachers in the schools are ignorant, the pupils raw, the instruction scanty, and the diploma a false certificate, the medical profession is infested with a horde of persons who have no other conception of it than as a trade, and who are entirely ignorant of those precepts and principles which have become part of the moral nature of all who have received a liberal education, and undertake the study of medicine as at once the most noble and the most difficult of pursuits.

For reasons such as these, treatises upon medical ethics deserve to be widely circulated and carefully studied. Every one will find in them counsels to guide him in his intercourse with his patients and professional brethren, and to prevent many of the heart-burnings, jealousies, and disappointments which beset the practitioner's path. He will also learn from some among them, how to appreciate the false systems which tempt the unwary to barter their inheritance of scientific wealth for momentary applause, and to cherish for the noblest and most humane of pursuits a reverent love, that never fails to make one honoured and esteemed, and that secures for him the priceless blessing of a conscience at peace with itself.

Among the works named at the head of this article, we shall adopt that of Dr. HOOKER as the chief guide to inquiry, as well on account of its intrinsic excellence, as because it is purely American. This latter circumstance has doubtless stamped upon it the thoroughly practical character which is its distinguishing trait, and which has perhaps obtained for it the honour of being "*pirated*," for the benefit of our brethren of Great Britain, who, no less than ourselves, possess a delicate sense of right and wrong, and are equally well

able to appreciate the clear and direct judgments which the author pronounces.

In his preface, Dr. HOOKER remarks that

"The quackery which is practised among medical men is a much greater evil than that which is abroad in the community. I attack it, therefore, with unsparing hand When the rules of an honourable professional intercourse shall come to be properly understood and appreciated by the public, one of the great sources of quackery will be removed."

How far it was prudent to expose the errors of physicians to the public may very reasonably be questioned. For ourselves, we are altogether persuaded that such a course is most unwise, for it seems certain that nothing can tend more to impair the confidence of the public in the medical profession, than an acquaintance with the errors and crimes with which so many of its unworthy members are justly chargeable. *Il faut laver son linge sale en famille* is a wise saying, as all experience proves. The errors of good men and the crimes of knaves are never discriminated by the vulgar, who have a keen relish for detecting blemishes in all who are by position or knowledge superior to themselves. The innate proneness to quackery, moreover, of many who would feel shocked at being classed amongst the vulgar, is encouraged by everything that palliates their folly by securing to afford a reason for distrusting the power of medical science. By one of the commonest acts of false reasoning, they attribute to the whole profession the errors of its unworthy members, and to the art of medicine the mischiefs which its counterfeits occasion. If it is quite impossible to prevent a certain number among physicians themselves from embracing false systems and acting the part of charlatans, much more certainly will it be so to rescue from quackery persons who have just enough knowledge to serve as a soil for presumption and conceit, and most of all when the subjects of these failings are flattered by being placed in the judgment-seat, to hear and pronounce upon the follies and the faults of the profession they are at the same time importuned to respect. In this country, quackery is most prevalent in those regions precisely where intelligence is most developed by education, and where the habit of judging without appeal on every question that can employ the intellect is nearly universal. The same is true of Europe, so far as it can be in countries where the governments have not yet got rid of that antiquated notion, that they are responsible for the character and attainments of those who are to have charge of the people's health. We cannot for a moment believe, therefore, that any good is to arise from an attempt to explain to the laity the grounds of our title to respect, and least of all when that attempt is coupled with an exposure of the defects and errors of which *the profession may be justly accused*. It seems proper to express here the dissent from our author's views embodied in the foregoing statements, in order to prevent the necessity of recurring too frequently to the subject, and also by way of qualification to the judgment we shall venture to propose in reference to several portions of his book.

The general divisions of the work are four, of which the first relates to quackery, and comprises more than one-half of the entire treatise; the second considers the obligations of physicians to each other and to the public; another treats of the mental relations of disease; and the last contains an extended view of the reciprocal duties of physicians and patients. The chapter upon uncertainty in medicine, which opens the work, is an attempt to present a view of the inherent difficulties of medical science. If duly weighed and understood, it would silence the presumptuous voices of laymen, which are so often heard in criticism upon the opinions and practice of physicians,

and would not be an inappropriate lesson for some of our own brethren, who are fain to reduce all the actions and phenomena of the living organism under some ingenious electrical, chemical, or mechanical theory. The *vis medicatrix naturæ*, and that cognate principle by which diseases possess a definite character, course, and tendency, together with the influences which most frequently modify the course and termination of diseases, are succinctly but clearly illustrated, and the conclusion is fairly sustained, that, if so many causes are at work perpetually to modify the course of disease, no ordinary skill is needed by him who aspires to conduct a patient safely to the termination of a malady; and consequently, that whoever ventures to assume the office of physician without a thorough preparation for its duties, is guilty of unpardonable rashness.

This survey of the difficulties of medical practice should lead, not as it so often does, to a belief that the issues of disease are uncontrollable by the physician, but to the conviction that he ought to be endowed with the highest degree of knowledge and skill.

"Medical skill," says our author, "consists in appreciating the actual state of the patient in all respects, and then applying such remedies, and in such quantities and forms, as will do the greatest probable amount of good."

This brief sentence, although apparently so simple, contains an epitome of the objects of medical science and art. The author criticizes, not without some justice, those physicians who confine their attention to local manifestations of disease, instead of allowing their due weight to remote and constitutional symptoms. This error is not now so prevalent as it formerly was, when the pathological consensus of organs was overlooked, because the new methods of detecting local symptoms gave rise to such brilliant results as for a time to eclipse the fruits of earlier observation. An analogous error in therapeutics is also blamed, that, namely, of prescribing for the name of a disease, instead of following, as an immediate guide, the condition which actually presents itself. This, also, is a fault which we take to be much less common than it was a few years since; for at that time many were erroneously persuaded that the conditions of therapeutics could be reduced to a scientific expression like those of pathology. This delusive doctrine has less influence than formerly, and the most authoritative writers seem to be convinced that the highest science in therapeutics is a "rational empiricism."

The following chapter contains, under the title of "Popular Errors," a notice of some of the prevalent fancies of the vulgar in regard to disease. The prejudice in favour of heroic treatment, of specifics, &c., the notion that medicine is essentially curative, the *post hoc ergo propter hoc* mode of reasoning in therapeutics, the idea that disease is a palpable entity, which medicine is to exorcise like an evil spirit from the economy, &c., furnish themes for very sound and sensible commentaries upon popular errors. Still, it should not be forgotten, that these very notions which we blame or ridicule, had their origin in the medical profession itself; each was, in its day, the epitome of some theory invented by ingenious philosophers, and afterwards cast forth as part of the rubbish of our science. At this moment the popular language of France, and to some extent even of our own country, deals in phrases about "irritation," which were inoculated upon the parent stock by the disciples of Broussais. If the people give currency to terms which we now denounce as valueless or absurd, it ought not to be forgotten that the spurious coin is the issue of our own mint. How far it is prudent or proper to initiate the laity into these secrets of human weakness may well be doubted, but we

cannot think them to blame for parading the cast-off finery of our own philosophers.

Chapter IV. treats specifically of Quackery. The origin of its remedies in trivial or absurd sources is amusingly illustrated. The most prominent of them may be arranged under three heads, viz., evacuants, alteratives, and cures for incurable diseases. The first, by producing a decided and sudden impression on the system, must often produce a salutary change in chronic diseases of the digestive organs; the second, including tonics, has evidently a large field in which they may do more or less good; and the last appeals to that desire for life which seldom abandons the sufferer even in the most desperate extremity. Yet, even allowing to these various agents all, and even more than all the real efficacy they possess, it is evident that their virtues would form a very flimsy basis for the reputation they enjoy. Secrecy is the most potent ingredient in them all; the moment their actual composition is known, their value is reduced to a very low point. *Omne ignotum pro magifico*, is the device under which quackery of every sort obtains its largest conquests. Secrecy, which in such matters is itself imposture, also infallibly leads to falsehood of a more direct kind; and he who does not scruple to keep secret the nature of a remedy which he alleges to be useful, will have no hesitation in fabricating proofs of its efficacy.

"One who had been an apothecary," relates our author, "and who had sold large amounts of quack medicines, stated, that in one year he sold three thousand dollars worth of one medicine; that he had no satisfactory proof of its having cured a single case of disease; that he had obtained, however, many certificates of cure, but not one from any person who had paid for the medicine."

Some persons of sordid views maintain, that discoverers of valuable medicines should be entitled to rights in them secured by letters patent; and our author, admitting the principle of the claim, although he does not think it could often be sustained, proposes that such persons should receive a public reward for the free use of their inventions. We would go a step farther, and deny that any invention in therapeutics is susceptible of being patented, or in any manner made the subject of reward or price. Quinine alone excepted, we possess no specific remedy. The value of every medicine is not so much intrinsic, as dependent upon the time, quantity, combination, stage of disease, &c., in which the agent is administered. Hence, the medicine itself forms but one of the circumstances, the union of which renders it curative; and to set a high price upon it alone, is to disregard, perhaps, the very conditions which are most essential to its successful operation.

In the sequel of this chapter, several ancient and modern forms of quackery are passed under review; such as animal magnetism, the system of Paracelsus, of St. John Long, of Dr. Perkins, &c., and many amusing anecdotes are given of the impudence of their promulgators, and the credulity of their unlucky dupes.

"The essential materials of quackery," the author remarks, "have been the same in all ages, and its history would be only a description of the endless forms into which these materials have been moulded."

That it should be more rife at the present day than it has yet been, is but a natural consequence of evident causes, and it needs no prophetic vision to foresee its future vast extension. If medicine were its only field, some hope might be entertained of its expulsion; but there is not a branch of human knowledge or action in which its dominion is not securely established. When

we, as physicians, wonder at the confidence reposed by so many thousands in pretenders to medical skill, does it never occur to us that we are equally prone to place confidence in quacks of a different kind; that all our education, and all our abhorrence of being judged by incompetent judges, do not prevent us from following errorists in religion, sciolists in science, pretenders in art, snuffers in literature, and deceivers in politics? If, when knowledge was less diffused than at present, and the votaries of error, attracted by authority, blindly accepted what they were told to believe, the dupes had at least the merit of hearty attachment to their false guides; but in this age of boasted enlightenment, we have the more pitiable spectacle of a self-sufficient pride in ignorance scoffing at the lessons of experience and wisdom, and arrogantly claiming the right of every one to be "a law unto himself." The pride which every one feels in being able to pursue his own calling intelligently, moves men to sit in judgment upon subjects which neither their talents nor their education fit them for comprehending; and since the partial enlightenment which has developed this baneful fruit must constantly become further and further extended through all classes of society, there is every reason to apprehend that the vices we have now to deplore will become more and more developed through many succeeding generations.

Chapters V., VI., and VII. are occupied by an extended notice of three of the most popular impostures of the day, "Thompsonism," "Homoeopathy," and the practice of "Natural Bonesetters." The first and last of these follies are of indigenous growth, and forcibly illustrate the love of being deceived which is characteristic of ignorant and self-sufficient people. The anecdotes which our author relates of them are amusing and well told, and besides affording many entertaining illustrations of the ease with which the grossest impostures may become popular, offer, we think, a valuable commentary on the opinion that we should commend our own art to general acceptance if we would but condescend to explain it to our patients. It is clear, from these chapters, that the confidence of the people in any false system of medicine grows entirely out of the promises which its promoters are bold enough to make, and bears not the slightest proportion to its intrinsic worth. As long as physicians shall esteem it disgraceful to lie, they must be content to have their patients filched from them by those who are passed masters in this bad art; but as honest men they have little cause to repine at the gains which, in every other pursuit, as well as in medicine, are the wages of iniquity. These remarks are not, as a whole, applicable to Homoeopathy, for of that illusory art we may in charity suppose that there are many conscientious professors, since the mischiefs it gives rise to are for the most part of a negative character. It does not kill its victims; it only lets them die. Dr. HOOKER, as many other writers have done, demonstrates its nullity as a science; and as a profession, he calls attention to the shabby array of its members, to prove how small a hold it should have upon the respect of educated and intelligent men. On a survey of their ranks, he remarks:—

"No superior order of talent would be found among them. There would be none who are distinguished for true research; none who have made any respectable additions to the literature of medicine or to its store of experience; and none who had ever had any commanding influence."

Of this subject of Homoeopathy, we are of opinion that enough has been written; in a work like the one before us, it is true that a critical history of its absurdities finds an appropriate place, but we cannot persuade ourselves that it is worth the ammunition of reason, and sarcasm, and denunciation, which has been expended upon its flimsy structure. As a system, it is almost

effete in the land of its birth, and we should perhaps do well not to warm it into life at the fire of controversy.

In Chapter VIII., on "Good and Bad Practice," our author treats of a difficult subject. Since no two physicians, no matter how nearly alike in character, knowledge, and skill, can be found to agree perfectly in regard to the treatment of any disease, it is evident that the laity have a plausible reason for presuming that the art of therapeutics is wholly conjectural. Some years ago, for example, there were two parties amongst the medical men of New England, of which the one was led by Dr. GALLUP, and the other by Dr. TILLY. The former denounced the treatment of the prevalent diseases by stimulants as incendiary; and their opponents, on the other hand, branded depleting remedies as murderous, declaring that "the lancet is a weapon which annually slays more than the sword." Both could not be wholly in the right; and if "it were easy, by looking at results to decide in all cases what is good, and what is bad practice, it is evident that such diametrically opposite modes of treatment could not be in vogue at the same time." If such complete dissidence in opinion amongst well-informed and equally skilful and equally honest physicians be consistent with the successful treatment of disease, we cannot wonder that the public should see no reason in their mutual antagonism for rejecting the several opposing systems which challenge their confidence.

"To say nothing of minor claimants, there is Thompsonism, almost parboiling its patients with steam, and shaking them to shreds with lobelia, and burning them up with cayenne; and Hydropathy, that wraps up its devotees in the cold, wet blanket; and then gentle, sweet, refined, sublimated Homoeopathy, that starts with horror at the very idea of such harsh means, and professes to neutralize all disease with little else than the mere shadow of medicine. Each one of these systems, so opposite to each other, asserts its claim to be the only true system of medicine, and bases this claim upon the success which attends it."

If these and similar modes of practice are really erroneous, what infallible marks, it may be asked, can be resorted to for distinguishing between the true and false in medicine? Should we fail to assign any such, it would seem that we are unduly harsh in the judgments we pronounce upon those who practice and upon those who encourage such systems. But the question is not to be thus categorically proposed or answered. As no medicinal agent is intrinsically good or bad, but acquires either quality from its relation to the circumstances under which it is administered, so also the agents which are employed by the sectaries of the different systems alluded to, and of all others that have ever existed, are not in themselves either mischievous or useful; they acquire one or the other character solely from being appropriate or the reverse. The agents of Thompsonism are capable of producing changes in the economy which, under certain conditions, may restore health; cold water is a valuable remedial agent, and was employed as such long before the Silesian peasant began his murderous career; placebos have always been an important division of the *Materia Medica*, although it was reserved for a German dreamer to fabricate a system for administering them. It is not the agents that we condemn, for their merit and their demerit are altogether subordinated to the mode of their employment; but the systems to which they adhere, or upon which, like fungi, they receive an accidental nutriment, these are the object of just censure and ridicule, for they set themselves up to be the exclusive objects of our respect, and insult common sense no less than they outrage common decency, by calling upon us to discard the accumulated lessons of wisdom and experience. Thoroughly we agree with Professor

Bartlett, in regarding the exclusive hypotheses which have been broached by distinguished men in the medical profession, as not one whit more respectable than the vagaries of professed quack-salvers; and the treatment of disease prescribed by them, as deductions from their hypotheses, as being quite upon an equality with the incendiary medication of Thompson, and the infinitesimal nonsense of Hahnemann.

"The truth is," says Dr. Hooker, "that no *exclusive* system of practice can be said to be a good system: for it is impossible that it should suit all the varying states presented by disease."

That any system of quackery, or any system *deduced* from a pathological hypothesis, should succeed in curing a sufficient number of cases to keep it alive for a longer or shorter space of time, depends upon two causes; the first of which is that, out of the whole number of cases to which it is applied, it acts favourably upon a certain number. If it be a sedative plan, it can hardly fail to do good in many of that large class of inflammatory diseases; if it be an excitant method, not a few cases of sthenic affections in the forming stage, and not a few cases of a dynamic type, will demonstrate its utility; finally, if the disease, of whatever type, attack a constitution capable of successfully resisting and at last overcoming its downward pressure, it offers an appropriate field for the triumph of infinitesimal doses.

"In a great majority of cases of sickness which fall under the care of a physician, the *vis medicatrix nature* is competent to effect a cure if they are left to themselves; and in most of them it will do so, even though a positively bad treatment may be pursued."

The occasional and accidental good to which charlatanism may lay claim, is certainly not to be weighed against the enormous mischiefs it is guilty of producing at every step of its progress. For the former, even, is not good unalloyed; if it does not prevent but sometimes even assists the recovery of the sick, its cures are seldom such as rational treatment would have performed under similar circumstances. The *cito, tuto, et jucunde*, of legitimate therapeutics is not its motto; it doles out its nostrums, gripes its wages, and leaves the event to chance. In that "accurate adjustment of remedial means to the ends to be accomplished," which distinguishes the skilful physician, the quack is altogether wanting, and hence it happens that so many of those who have paid tribute to him are compelled, at last, to resort to physicians, to have the consequences of his ignorance or neglect repaired.

Our author thus sums up the points in which the practice of the really skilful physician differs in its results from that of the injudicious practitioner and the quack:—

"1. He has a less number of fatal cases, in proportion to the whole number that come under treatment.

"2. He has a less number of bad cases, because he avoids converting light cases into grave ones, and succeeds in many cases in arresting disease in its very commencement.

"3. His patients have commonly a shorter sickness.

"4. They are in a better condition after they have recovered, less apt to have bad results left behind, and less liable to disease in future.

"5. He has a less number of patients, and a smaller amount of sickness, in the same number of families."

To appreciate these differences, it is necessary that a sufficient number of facts be brought in evidence, and that we should be capable of observing them correctly. But, as the author observes, it is almost impossible, for a layman at least, to judge of practice by the results which fall within the com-

pass of his observation; the only logical method, therefore, of persuading the *intelligent* patron of quackery to desist from his mischievous conduct, is to convince him that he is utterly incompetent to form an opinion upon a subject which physicians alone can understand, and which to them, even, is surrounded by innumerable difficulties. But we suspect that the patrons of charlatanism are not to be driven from their delightful task of propagating error and fostering mischief by these or indeed any arguments. If they are silly enough, at first, to embrace any one of the popular delusions, they will unquestionably be vain enough to cling with insuperable tenacity to it, and all the more strongly the greater the effort which is made to detach them from their hold. Pride in error is infinitely more obstinate than attachment to truth.

In a subsequent chapter (Chap. X.), our author attempts to answer the question, "How shall the community judge of physicians?" If, as had been previously shown, the community is entirely incompetent to form a just judgment of medical men and their art, upon any scientific ground whatever, what guide shall they follow in making choice of the physician who is to be entrusted with their own and their families' health and lives? Surely, they ought to have some good reason for so important an act. Every one knows how the choice is usually made, and that no stronger motive than personal partiality determines it, even in the absence of any proclivity whatever towards irregular systems. But where there is an itching after novelty, common rumour, that fertile mother of the whole spawn of quackeries, vouches for the skill of the charlatan, and the profundity of his doctrine. It would be an amusing, were it not a pitiable sight, to see many persons of intelligence and education imagine that, when they call in a quack, they are actually making proof of independence, and superiority to vulgar prejudice, whereas, if they would but examine the real links in the chain of influences which has led them to this result, they would find that, so far from acting independently, they have in reality followed the example, not of the wise, not of the good, not of the skilled, but of the ignorant and self-willed multitude, or obeyed the voice of their own worst passions, their vanity and pride. "The worst of all ignorance," said Socrates, "is the conceit of knowing what you do not really know." What, then, with the wise in their own conceit, who reject all sound advice upon the subject, the ignorant, who are quite unable to form an opinion, the enthusiasts who are joined to their idols, and those who walk in the steps of their forefathers as the only right way, it is plain that the number who are likely to profit by the advice conveyed in this chapter, must be extremely small. Nevertheless, since in this as in everything else, there is a right and a wrong, it is not amiss that the few who doubt, and yet desire to know, should be furnished with a safe guide towards a decision.

"The best work on popular medicine," says JOSEPH FRANK, "is that which teaches how to choose a good physician." Dr. HOOKER presents the greatest number of grounds, and the best considered, upon which this choice should be made, and we shall therefore follow him in the further prosecution of this subject. In the first place, the evidence of his having received a thorough education should be examined as the primary qualification of a physician. "But education in the science of medicine is practically despised by quite a large portion of the community:" to use the popular formula, "the fact that the physician is successful in treating disease is worth vastly more than a piece of parchment." Indeed, we are persuaded that the half-educated or the wholly ignorant man, who has boldness enough to make high pretensions, and adroitness enough to palm off natural effects as the result of his skill alone,

is almost sure to inspire more confidence than the conscientious, and therefore circumspect physician. His very ignorance is a charm; he is supposed, by the intuition of his genius, to discover more than the learned practitioner can do by study and observation; not a few, even, of the genteel vulgar imagine that he has a "gift" which makes him quite independent of the ordinary processes for acquiring skill. Unfortunately, this error is fostered by an equally gross one in the profession itself. There are so many physicians of little talent and less learning, and who openly affect to disdain both as compared with tact and experience, that we ought not to wonder at the large number beyond our limits who despise what our own brethren undervalue. How large a number, too, of those who annually enter the profession, whose general and literary education is absolutely null, and who have been made doctors of medicine after a period, we will not say of study, but of attendance upon lectures, which is only sufficient to reveal the impossibility of their ever being fit to treat disease! So long as a large proportion of medical men are wholly uneducated, or only instructed enough to make them dangerous to the sick, we have no right to complain that the public prefers employing professed charlatans, rather than those who, with the title of Doctor, have none of the accomplishments which belong to so honourable a name. It is to our disgrace as a body that we do not insist upon a higher standard of professional and general education than is now exacted. It cannot be expected that men who have never formed habits of study in early life, who know little or nothing of the art of observation or the science of reasoning, should become really accomplished physicians. That they may have a reputation for sagacity and success among their patients, and even amongst a certain class of their brethren, is very probable; but that they should become really consummate practitioners, is next to impossible. Ribazes, says Dr. FORTET, although he belonged to the empirical school, declared that "he would have more confidence in a physician who had never seen a patient than in one who was ignorant of medical literature." HECQUET was wont to remark, "*Il y en a qui voient beaucoup de malades, mais je vois peut-être plus de maladies.*" But the public fancies that the seeing many patients is experience; it cannot understand that he who sees them with his natural eyes only may be stone blind to everything in them which it is the province of the educated physician to perceive. To bring the public, then, to a sense of this error, it is necessary that they should have a degree of intelligence and special instruction which they cannot be expected to possess, and least of all in a country where every avocation is open to men of the lowest capacity and attainments. For if they who should illustrate their profession are themselves ignorant of its scope and excellence, how is it to be expected that others will comprehend its nobleness and its extent, or appreciate its value to mankind?

A much safer guide than that which has been considered, for discovering the merit of a physician, "is to be found in the unbiassed opinion of his medical brethren." This test, it is true, cannot readily be applied by one who is about to choose a medical adviser. He can hardly discover what the opinion of the profession is, for if, as our author suggests, some of the brethren are unjust through prejudice, many more will run to the opposite extreme, and, to avoid the suspicion of injustice, palliate the faults and perhaps exaggerate the abilities of their rival brother. Besides, it is not to be concealed, that professional excellence is not the only title to the confidence of the public, which a physician should possess. He ought also to be richly furnished with those humane sympathies which will secure to him the love and confidence of the families which employ him; indeed, he will have perpetual occasion to

exhibit them, and comparatively very seldom to display a high degree of professional skill. The estimate of his brethren, therefore, founded upon the degree of his proficiency in medical science, is not always a reliable guide to those who seek something more in their physician than dexterity in the diagnosis, and skill in the treatment of disease.

Our author next points out certain means of ascertaining whether a physician possesses the mental qualities which are essential to his being a skilful practitioner. His advice to the inquirer is embodied in the following rule: "Let him observe the mental qualities of the physician, as they are exhibited in regard to any subject with which he is himself familiar in common with physicians." If the physician is observed to be credulous about politics, religion, or the occurrences of the day, he may be inferred to be inaccurate in his observations of disease; if he is a skeptic, "his treatment of disease will be marked by hesitation." If he forms his conclusions hastily, he is unfit to manage serious and complicated cases; if he is unduly slow in making up his mind upon ordinary occurrences, and obstinately fixed in the opinions he has formed, he will not be ready to adopt those changes of treatment which the course of disease requires. To determine whether he is a good observer, his mode of examining patients will not suffice, for the layman cannot judge of the necessity or appropriateness of his queries, and, according to Dr. HOOKER, "minuteness of examination is in fact one of the most common tricks of the trade." We here remark, *en passant*, that it is a thousand pities the "trick" were not more common; it is rather too laborious a one to suit the fancy of a charlatan. These criteria, then, failing from the difficulty in applying them, the patient is advised to "see how the physician observes in regard to some subject with which he himself is acquainted;" to endeavour, according to the advice of Cabanis, "to estimate the scope of the physician's intellect, the precision and honesty of his judgment in matters foreign to medicine, but with which the inquirer is familiar." The character of his measures in the treatment of disease may be inferred, according to our author, by observing what measures he proposes "when acting, not in the capacity of a physician, but in that of a citizen, a neighbour, a member of an association, and what reasons he gives for these measures."

We are disposed to admit the value of these rules in many cases, but by no means in all. They may be true in their positive application, at least generally, but negatively they are useless to guide inquirers. If a physician really possesses a logical mind, is cautious, yet decided, of precise and upright judgment, a good citizen, neighbour, and parent, undoubtedly the union of all these qualities renders him most probably a skilful and prudent practitioner. But the negative of the proposition is not equally certain. There are not a few physicians who possess profound knowledge and consummate skill, and who are nevertheless mere children in non-professional matters; who are totally ignorant of, because they are careless of, the ways of the world in various matters which absorb the interest of the community; who even are so alien to the common sentiment, as actually to think infinitely of their patients' lives, and not at all of their patients' fees—who yet, we say, hold the first rank in the love of the community, and the honour of their brethren. According to our author's rule, these persons would, we suspect, run great risk of being pronounced unworthy of the confidence of the public. We do not wish to exaggerate the importance of this objection to Dr. HOOKER's rule, but we are bound to produce it; else some of the best, and purest, and most skilful men might be judged unworthy of the confidence which they pre-eminently deserve.

The chapter entitled "Theory and Observation" is one of the most interesting and valuable in the work before us, and deserves to be carefully studied by all who think it an easy matter to distinguish truth from error in medicine, or indeed in any other department of knowledge.

"All real knowledge," says Dr. HOOKER, "is based on observation." . . . "Not a single grain has ever been added to its store, in all the ages of the world, through the instrumentality of theory alone."—"Facts are of two kinds, particular and general. General facts are discovered by a careful observation of a great number of particular facts."

This is the true philosophical basis of medicine, and of every other natural science. Observation first, and then the generalization of the results of observation in the form of a theory. Our author has not, we apprehend, made a proper distinction between theory and hypothesis. He employs these terms as synonymous, as in fact they are popularly employed in opposition to positive knowledge. They are not, however, synonymous, but of opposite significations. Professor Olmstead has accurately defined them in the following terms: "A *theory* is founded on inferences drawn from principles which have been established on independent evidence; an *hypothesis* is a proposition assumed to account for certain phenomena, and has no other evidence of its truth than that it affords a satisfactory explanation of those phenomena."—(*Webster's Dict., Theory.*) So that, when our author tells us that "the laws of the circulation of the blood, as discovered by Harvey, are sometimes erroneously spoken of as his theory of the circulation," his criticism is not founded upon a correct appreciation of the word *theory*.

It is true, however, in point of fact, that most of what are called medical theories, are assumed explanations of morbid phenomena, that is to say, hypotheses, and not formulæ constructed by an induction from facts; or, if originally based on direct observation, they have grown into their actual form by the superaddition of gratuitous and artificial parts. We can, therefore, speak of theories and hypotheses as synonymous, without grossly violating historical accuracy, and, so doing, can heartily subscribe to the following remarks:—

"An overweening attachment to theories has been a very great obstacle to the advancement of medicine as a science. It has turned the medical mind away from the legitimate pathway of discovery, and the strict observation of facts has been neglected in the contemplation of mere fancies.

"It is true of medicine, as it is of every other science, that every advance which has been made has been effected by observation, and by observation alone. It is the good observer, and not the mere ingenious theorizer, who has made these advances. And if the theorizer has added anything to the store of knowledge, it is only when he has come down from his airy flight of fancy to the drudgery of humble common observation. He has for the time forgotten his favourite theory, and has subjected hypothesis to its proper subserviency to observation, in suggesting the points to which that observation may be directed. It is in this way, and in this alone, that many of the authors of theories, escaping, occasionally, from the domination of a theorizing spirit, have added rich treasures to the storehouse of medical science. Even before the discovery of the circulation of the blood, though medical theories necessarily contained many absurdities, yet many of their advocates were acute and accurate observers; and their facts are valuable, though the theories which they framed to account for these facts may appear to us even ridiculous."

Without for a moment denying that theories, in the strict sense of the term, and even hypotheses, may have been useful in medicine, their advantages have been infinitely outweighed by the mischiefs which they have occa-

sioned. Of these, the most portentous is the commonly received notion that the treatment of disease is *founded* upon a knowledge of its nature, and not upon the observed and recorded phenomena which medicinal agents give rise to when they are brought into relation with the sick. Comte, the celebrated author of *La Philosophie Positive*, has declared, in a general formula, that "Sciences are not the bases of arts," and an ingenious writer of our own country has maintained that the *art* of medicine has been but little, if at all advanced by the greatest of anatomical discoveries, the circulation of the blood. We may add that the curative powers of bark, of mercury, indeed of all medicines, have not the slightest possible relation to any theory which has been contrived to explain their efficacy. Nevertheless,

"Restricted to its proper sphere, theory is of essential service in extending the boundaries of science. It often suggests the line of discovery The abuse of theory consists in the obliteration of the distinction between what is known and what is merely supposed. So long as this distinction is carefully preserved, no harm is done by theory."

But, unfortunately, men are so prone to be tempted by the reputation which they may gain by ingenious speculations, so fond of the intellectual exercise itself, and so easily induced to echo out the incomplete responses of the oracle of nature by inventions of their own, that the distinction is seldom preserved, and our literature is encumbered with works in which it is impossible to distinguish between hypothesis and fact.

Among "the influences which are adverse to *skill* in the observer," are noted a faulty mode of reviewing the cases which have come under his care, with reference especially to his influence on the successful or untoward results of treatment; the disposition to form conclusions from a limited number of facts, or from a partial view of them; a propensity to *hobby-riding*, especially on new hobbies, pathological and therapeutical; an easy credulity, and, finally, skepticism. On all these subjects our author's remarks are sound and appropriate, and aptly illustrated. We select the following passages, as examples of the manner in which these topics are treated.

"One of the prominent faults of the medical profession in the nineteenth century is that it is as a body too fond of new things and too much disposed to receive them upon doubtful evidence. There is a great disposition to hail every new remedy with enthusiasm. The annals of medicine are, therefore, burdened with false statements in regard to the effects of remedies. Though the public think that there have been of late many discoveries of new medicines of great value, there really have been but few. There have been many improvements in the *forms* of medicines. I mention as examples, quinine and morphine, the active principles of bark and opium. But there have been but few absolutely new medicines introduced which are of any importance. . . . And it may be remarked that physicians, who try all the new remedies recommended from time to time in medical journals, do not add so much to their stock of available experience, as those who are more cautious, and less ready to adopt everything which is new."

Of skepticism, it is remarked that

"It not only narrows the limits of knowledge, but actually leads to positive error. The skeptic, in his demand for stern fixed facts, rejects some facts which are established by evidence that is sufficient to satisfy any mind possessed of candour and common sense; and the rejection of a well-proved fact, being itself an error, must necessarily lead to other errors. The skeptic, too, with all his doubting, is always, to some extent, and on some points, a credulous man. As he doubts on some points against clear evidence, so he will assuredly believe on others against evidence just as clear. His beliefs are no more worthy of

confidence than his doubts. The skeptic is, therefore, disqualified by his skepticism for accurate observation."

Concerning the influence of a theoretical or of a practical turn of mind upon the usefulness of a physician, the following sound doctrine is taught:—

"In medicine, as well as in every other science, but little mental effort is required to frame theories. All the hard work which is done, the work by which all knowledge is accumulated, is the work of observation. It therefore needs a higher order of mind to ascertain facts and their relationships, than it does to theorize. 'Any man,' says Pott, 'may give an opinion, but it is not every mind that is qualified to collect and arrange important facts.'"

"It is important that the physician should have at the outset good habits of observation. If he does, every day's experience will add to his store of facts, and, at the same time, relieve it from some of the chaff of error which has been brought in unawares. *He will be all the time becoming a better practitioner.* But, on the other hand, if he start with a loose habit of observation, experience will be to him a source of error. He will have no clear store of facts, but he will garner in a strange mixture of facts, and suppositions, and errors; and every day's experience will add to the difficulty of separating the good grain from the mass of refuse with which it is mingled. *He will be all the time becoming a poorer practitioner.*

"The idea, then, that experience will, *at any rate*, confer knowledge is a false idea. It is not true that the old physician, *as a matter of course*, knows more than he did when he was young. If he has observed well, he does know more; but if he has not observed well, he not only does not know more, but he knows less."

We quote two or three striking passages upon the relation of medical theories to therapeutics:—

"It is easier to adopt a theory with a corresponding system of remedial means, or even to originate one, than it is to encounter the labour of strict daily observation at the bedside of the sick." . . . "Every prominent theory can be shown to be unsubstantiated by facts, and is, therefore, valueless. Every system of practice can be shown to exclude many facts of a valuable character. *All these systems, therefore, should be discarded.*" . . . "The *modus operandi* of many remedies is wholly unknown, and the knowledge we have of it in any case is more or less imperfect. And, after all, though it may gratify curiosity to know *how* a medicine cures disease, it is comparatively a matter of little importance. The fact that it does so is the material fact."

It is not uncommon for those who adopt this view of therapeutics to be sneered at as "empirical," and behind the age which has provided a theory for the *modus operandi* of almost every class of medicines; they are twitted with having no scientific principles, and as degrading the profession instead of elevating it to its proper rank. When it shall be shown that we are not nourished by the food which we consume, because we are ignorant of the ingenious hypotheses of Liebig, and Muller, and Mialhe, we may be ready to admit that a therapeutical theory contributes to success in the treatment of disease. Till then we take leave to doubt that any other knowledge in therapeutics is necessary than the *precise circumstances* in which medicinal agents have proved to be curative. But this knowledge, be it well understood, is infinitely more difficult to gain, by reason of its vast extent and complexity, than a familiarity with the various ingenious hypotheses which amuse philosophers and delude practitioners. Far be it from us to cast discredit upon the labours of the distinguished men who have devoted themselves so zealously to unravelling the mysterious processes by which medicinal agents become remedies for disease; they are worthy to be had in honour for the ingenuity of their experiments, the profundity of their speculations, and the striking discoveries made by

them of the manner in which medicines enter the economy, the changes which they undergo therein, and which they in their turn produce upon the elements of the organism. This knowledge is most precious, but it is a different knowledge from that we are in search of, to wit, how they cure disease. Between the demonstrable action of a remedy and the visible pathological change which is the index of disease, there is, it seems to us, a great gulf fixed, which man has not yet bridged, and which seems to be in its nature impassable.

In Chapter XI. we considered "the means of removing quackery." Our author differs from those (of whom we confess ourselves one) who think that there must always be a class of persons addicted to quackery. Of those who, "from the very character of their minds," have this propensity, he, too, has little hope, but he thinks "among those who are intelligent and judicious on other subjects, and yet are deceived and captivated with the false pretensions of empiricism," there are many who may still be rescued from their delusion. Upon this point we dissent from him completely. We should have far greater hope of the comparatively ignorant classes, who are more accessible to truth, because they are not so completely equipped in the armour of self-sufficiency, which the learned, and polite, and intellectual quack-mongers wear *cap-à-pie*. In countries where the people do not enjoy the inestimable blessing of a newspaper, and are, of course, debarred from the information upon medical subjects in which these voracious oracles abound, quackery scarcely exists in its most mischievous form. The peasantry, and others even, may listen to wandering charlatans, or confide in some domestic oracle, but they seldom fail to show respect to the physician, or to appeal to him in case of need. They may commit follies, but they are not vain of their foolishness. It was reserved for countries in which popular freedom and popular education are, at the same time, carried to the highest point, to produce examples of vainglorious ignorance scoffing at wisdom and experience, and setting itself in the judgment-seat to pronounce sentence upon what it cannot comprehend. Instead of diminishing, this evil must, by its very nature, continue to increase. No one can, of course, be found to suggest that liberty of opinion should be curtailed. But liberty of opinion includes, of necessity, the formation and adoption of false opinions upon religion, politics, art, science, everything; because an immense proportion of the whole number of citizens must of like necessity be ignorant. If the political system they live under makes them equal to their neighbours, the changes of fortune give them a social equality, and they endeavour to conceal their ignorance by affecting to have opinions and to pass judgment upon what they cannot possibly comprehend. As FRANK remarks, nature abhors a vacuum; and, therefore, the empty heads of these folks are filled, in default of truth and sense, with a swarm of absurd and incongruous follies. But these persons are vulgar patrons of quackery; if they form to themselves any definite idea why they thus make sport for wiser men to laugh at, they imagine, probably, that it is far more *distingué* to become the gulls of any absurdity, than to walk quietly and unobtrusively in the paths of common sense.

But the most mischievous promoters of error in regard to medicine, the most industrious co-operators with the unprincipled gang that infests the community, periling and even destroying the lives of the unfortunate persons who confide in them, are in reality to be found in the most educated classes, among those who, according to our author, "are intelligent and judicious on other subjects," or, at least, are so in the ordinary affairs of life. They may be acute lawyers, eloquent preachers, sagacious merchants; but one thing they

assuredly are not, men of well-balanced minds. In hardly any instance is a person of this class to be found promoting quackery in medicine without fostering it, at the same time, in some other department or pursuit; he will assuredly be seen fighting under the banner of some new-fangled religion; will be noted for his zeal in what is called "Reform," which too often means the destruction of a substantial reality and the substitution in its place of some fantastical chimera; or will be ardently industrious in some of those philanthropic associations of which each one promises to be the salvation of mankind, though it may bring present and direct ruin upon thousands, &c. &c. It were in vain to include in a few sentences a catalogue of the absurd doctrines, wild schemes, and mischievous practices which are invented and promoted, and even believed in, by these superior persons. They are self-reliant people; they imagine that they have a lever with which they can move the world even without the fulcrum which Archimedes postulated; the virtues of faith, contentment, and humility, find no resting-place in their tumultuous bosoms; they expect to usher in a millennium of peace by teaching that every man shall be "a law unto himself," and thus setting every man's hand against his brother. Such are the persons of whom our author has more hope than of the ignorant crowd, with whom addition to error is a matter of sentiment only, and not of reasoning. He will pardon us if we think that the nature of the case proves him to be mistaken, and that all experience confirms our opinion. "Seest thou a man wise in his own conceit? there is more hope of a fool than of him."

We proceed, now, to take a cursory view of the means which have been proposed for removing quackery. Our author alludes to the error which has induced some persons of benevolent disposition to believe that popular treatises upon anatomy, physiology, dietetics, &c., are adapted to prevent men from falling into the trap set for them by charlatans; he has no faith in their efficacy; nor have we.

"'It is hardly credible,' says FRANK, 'that an excessive and false philanthropy should so completely have blinded enlightened physicians, as to have caused them to disseminate this vulgar error by publishing treatises on popular medicine, by which innumerable mischiefs have been produced without the least necessity.' 'It is impossible to bring within the comprehension of the vulgar, a science which the study of a lifetime cannot exhaust.'"

The doctrines of therapeutics have no direct connection with anatomy, physiology, and their kindred sciences. It is notorious that almost the only persons of note, in the medical profession, who have embraced the errors of homœopathy, and other false systems, are not practitioners of medicine, so much as cultivators of the sciences which serve as an introduction to practice. So far from a popular knowledge of anatomy and physiology restraining quackery,

"it sometimes evidently increases it, by giving its possessor an exalted idea of his medical acumen." "The only branches of medical knowledge," says FRANK, "which it would be useful to popularize, are hygiene, and the duties to be rendered in cases of emergency, such as asphyxia, syncope, &c."

Alive to the uselessness of attempting to remove quackery by such means, Dr. HOOKER is for carrying the war into the enemy's country, and exposing the false conclusions which are the basis of quackery. He thinks that there has not been "enough of calm, candid, and patient discussion" of the subject, and too much of denunciation and calling hard names. We honour him for his temperate feelings towards even so unprincipled an enemy, but cannot augur for

him much success in his peaceful crusade. An invader never yet consented to retreat, on being politely expostulated with: the thief who breaks into our dwelling at night has earned, and we think ought to receive, the heaviest blows that can be dealt him; and we must believe that the abettors of such assaults have not much more claim to leniency than their principals. To reason with quackmongers and attempt to convert them to a more rational conduct, by showing them that even physicians commit the error of attributing results to causes which have no agency in producing them, is calculated rather to confirm them in their error than to convert them to the truth.

Among other reasons for the failure of attempts to overthrow quackery, the following ought not to be forgotten. The credulity of the public mind

"is encouraged by a similar credulity, existing to a considerable extent in the profession itself." . . . "If the physician, for example, give full credence to all the juggleries of animal magnetism, and all the extravagances of phrenology, as they are put forth by travelling lecturers, how can he hope to dissuade an indiscriminating public from exercising a like credulity, in regard to the pretensions of quackery, which are not a whit more extravagant and fallacious?"

We can only echo the question—how, indeed? The same question is put in regard to the encouragement which *secret medicines* receive from some physicians, and we can but sorrowfully repeat it. Then, too, there is the "spirit of quackery," the habit of exaggerating the value of one's own skill, and the employing of various indirect arts to gain popular attention and applause, which encourage or excuse the artifices of downright quacks. This spirit, it is most truly said,

"is not confined to a few of the ignorant and grossly unprincipled, who have stolen into our ranks; but it is seen to a greater or less degree in the conduct of some even who occupy stations of power and influence, and in quite a large portion of the common mass of practitioners."

Alas! how should it be otherwise when so few comparatively of our eminent physicians are willing to insist upon a thorough liberal education as a preliminary to medical studies, or to denounce the system of medical training which nine-tenths of the schools furnish, as being, what it really is, a system for degrading science, and imposing upon the community physicians who possess scarcely the first rudiments of medical knowledge? How little encouragement is held out to such as, from love of knowledge, or desire of distinction, endeavour to obtain a thorough education! how strong a temptation for them to abate their diligence, and cast in their lot with the mass who find, by a much easier path, both reputation and a competency!

The chapter entitled "Intercourse of Physicians," is an extended commentary on that part of the Code of Ethics of the American Medical Association which relates to this topic. Dr. HOOKER highly commends this digest of professional duty, and has, indeed, printed it, as an appendix to his work. He introduces the subject by speaking of *consultations*, and points out, in clear and forcible language, the baseness either of violating the obligation to mutual respect, which lies upon physicians who attend the same patient, or of in any way traducing a professional brother. Human nature is so feeble, and the occasions are so numerous in which a physician, if he be disposed, may injure a colleague's reputation, that all writers upon medical ethics have dwelt strongly upon these points. We quote the following illustration from HUFELAND:—

"Oh! that I were able to impress the minds of my brethren with the truth as forcibly as I am penetrated by it, that he who degrades a colleague degrades

himself and his art. . . . Such a character will be more lowered in the esteem of sensible men than he whom he endeavours to degrade; for the detracted loses only as an artist, while *he* loses as a man, and a bad action is esteemed worse than bad medical treatment. Finally, they should reflect, that the same measure they apply to others is applied to themselves. He who treats others in a harsh and haughty manner may rest assured that he will be dealt with in the same way, which is but justice."

"An honest and sensible physician," says FRANK, "will never pass judgment on the acts of his brethren in the treatment of a case without having personally witnessed it; and even then, he will act with such prudence and extreme delicacy, as not to excite dissension, or by a hasty judgment to tarnish the honour of his colleagues."

After enumerating and commenting upon the various cases which may arise in practice to test the character of a physician, our author alludes to the popular notion that "medical etiquette" is some cumbrous ceremonial which clogs the freedom of a physician's actions, and ought, therefore, to be laid aside whenever the case in hand is really grave. This shows, amongst other things, how utterly misapprehended by the vulgar are the nature and objects of the medical profession. Medical etiquette is only a form of common honesty, and it were quite as just to bid one forget that he is an honest man when he is tempted to do wrong, as to beg the physician to forget the rules which have been framed to guide him in the intricate paths, and amidst the temptations, of his professional life. All moral law is favourable to freedom of action in the good; it is a stumbling-block to the bad alone. So is it eminently true in this case that a strict adherence to ethical rules "favour freedom of intercourse, by maintaining mutual confidence; while a disregard of them destroys this freedom, by engendering mutual distrust."

The reasons why physicians are so generally thought to be jealous and quarrelsome are suggested to be the facility with which they can practice deception; their opinions and their prescriptions must be taken upon trust, and consequently they are tempted to use various arts and manœuvres which will not bear to be strictly examined, and which, when brought to the knowledge of their brethren, are sure to be openly censured, but not always most emphatically by those whose own skirts are clearest. On the other hand, suspicion and accusation of wrong are often entertained against parties who are wholly innocent, upon no better ground than the misrepresentations of some impudent meddler, or some well-meaning friend. Here are seeds enough of discord without searching for more. Much as we have to deplore of unkind feeling amongst physicians, and of unjust judgments passed by them upon the conduct of their brethren, there is not, we are satisfied, so much of either amongst us as the following extract from SIMON'S work ascribes to the profession in France:—

"We have spoken of medical brotherhood; medical brotherhood! That is doubtless something mythological, or perhaps an antediluvian tradition. Two physicians, indeed, advancing side by side without envy, aiding one another by their knowledge, and mutually defending each other against the prejudices of the public! That would be an unheard-of prodigy: the whole medical profession would look upon it as not less a curiosity than were once upon a time the dwarf Ritta-Christina and the giant Teutobochus."

There can be no doubt in the minds of any who have observed the medical profession in Europe, that a very large portion of it is inferior to our own in the qualities which should distinguish gentlemen; that it is characterized by a much lower notion of personal dignity and honour than American physicians entertain; and that its conduct is much more frequently tarnished by

meanness and sordidness of sentiment. The reason is perhaps not difficult to discover. In the United States, the liberal professions contain the real aristocracy of the nation, and medicine numbers amongst its cultivators and practitioners thousands who occupy the highest social rank. In Europe, on the other hand, there is first the titled nobility, then the army and navy, the clergy, and the bar, who all outrank the medical profession, because through these pursuits alone is the road open to political preferment. They absorb nearly all the young members of respectable families, and the ranks of medicine are chiefly recruited from the humbler classes of society. It is not, therefore, to be wondered at that, in point of personal character, of honourable sentiment, and of dignified demeanour, the medical profession of the United States ranks the first in the world. These peculiarities are sufficient to explain why a judgment like that above quoted from Simon is clearly inapplicable to American physicians. They also explain why the principle of association, and the habit of harmonious action, are so effective and prevalent with us, and so rare in transatlantic communities. Of these, the English approaches nearest to our own in organization, and the English physicians excel all others in Europe in their social rank, and their sense of personal dignity.*

By these remarks, we have no intention of proclaiming the complete exemption of our medical countrymen from the low tricks and sordid aims which are too common in other countries, much too common in our own, but only to maintain that, as a profession, we are not justly chargeable with them. Our author points out a number of particulars in which not a few of our brethren err, and supply but too real grounds for a "railing accusation." We can only enumerate them: Professional cliques, and alliances with various societies, social, moral, or religious; controversies upon medical subjects; the interference of physicians with one another's practice; these are forcibly dwelt upon as some of the means by which the harmony of the profession is disturbed, and modest merit condemned to languish, while mediocrity grows prosperous upon the fruits of shameless presumption combined with artful sycophancy.

The chapter on "Interference with Physicians" is addressed chiefly to non-professional readers, and we shall not, therefore, dwell upon its contents;

* We cannot resist the temptation of quoting the following passage from a paper read before the Académie de Médecine, by M. ROYER COLLARD, one of the most eminent and honourable physicians of France. It proves that, if we are behind other nations in scientific pursuits, we have nothing to envy one of the greatest so far as concerns the dignity of the medical profession. The paper in question contains the author's views on the necessity and the means of repressing quackery. It was read before the Academy in May, 1842. "We complain," he remarks, "of the negligence of the government which tolerates the encroachments of charlatanism, and of the law which, by its silence, secures to them impunity. But we, what are we doing? Heaven only helps him who helps himself! Now what efforts are we making in the midst of this wreck, which is engulfing the honour of our profession as well as the good of society? I will go still further: are we ourselves, all of us, and always, irreproachable? Cast your eyes over the disgraceful columns which close the daily papers; the letters, the prospectuses, scattered by thousands from one end of France to the other; do you not constantly find amongst them laudatory certificates, written and signed, I am obliged to say it, by the most respectable physicians? How could it be expected but that the public should be duped by the names of physicians whom it has learned to respect? What might I not say, were I to point out quackery wherever it insinuates itself, concealed under every shape; sometimes under a scientific veil, sometimes with an affectation of austere severity, stealing into the profession itself, into colleges, into the *concours*, and I add, in a whisper, even into the Academies?"

but we cannot avoid quoting an anecdote, which shows that a man is now and then to be found, ready and able to silence the vulgar abuse of which we are so often the object in courts of justice, on the part of those charlatans in law who seem to think that an advocate is no longer a man, but a mere machine, without conscience or responsibility.

"A very severe rebuke was once administered by a judge in Massachusetts, to a lawyer, for hinting at the charge of mal-practice against a physician who was one of the parties in a case before the court. The insinuation was intended as a sort of make-weight for the advantage of his client. The judge at once inquired of the lawyer if he intended to make that a point, giving him to understand that, if he did, he would be expected to produce evidence bearing upon it. The lawyer said that he did not. 'You will withdraw that point, then,' said the judge, 'and indulge in no further remarks upon it.' Very soon, however, he made the same insinuation again. The judge interrupted him, and remarked that, as a professional man's reputation was of the highest value to him, and was even the means of his livelihood, he would not suffer it to be wantonly attacked in any case; and he told the lawyer that, as he had twice brought the charge of mal-practice against this physician, he should not permit him to go on with his plea till he had withdrawn it in writing."

Our author very properly rebukes those who are so ill advised as to criticize the treatment under which patients have been placed, and who relate the wonderful cures which this or that remedy, or *their* favourite physician, has performed. Nothing can be more impertinent, nothing more cruel, than the conduct of such meddlers. They are to be found in all classes of society, but most of all among those who are, if possible, the most ignorant of what they profess to know. SCOUTETTEN stigmatizes their mischievous interference, but shows, by the following quotation, that the evil is not of modern date:—

"Fingunt so cuncti medicos, idiota, sacerdos,
Judeus, monachus, histrio, raptor, anus,
Miles, mercator, cerdo, nutrix et arator;
Vult medicas hodie quisvis habere manus."

The following chapter is one of the most interesting in the work before us. It is entitled, "The Mutual Relations of the Mind and Body in Disease," and treats of this subject in a most thorough and comprehensive manner. We are well aware that many physicians regard their patients as a chemist does his retorts, as mere receptacles, in which a certain something, the disease, is to be acted upon by certain other bodies, medicines, and that certain reactions succeed, which end in the production of a neutral state, or health. Our author does not forget that when man was created, "*he became a living soul*," and that neither soul nor body can change the normal conditions of its existence without acting upon the other. He who practices medicine without keeping constantly in view the mutual dependence of these two elements of our being, is but half accomplished in his art, and must vainly attempt by drugs to effect what a few words spoken in season would have accomplished. Here, too, is a broad distinction between the charlatan and the acute physician; for the former loses all the advantage which the latter possesses in virtue of his sympathy, and his intelligent employment of mental influences. Yet we often witness the surprising power of knavish quacks over the sick, derived from the positive assurances of success, which they do not hesitate to give in cases which a physician knows must ultimately be fatal. Physicians ought, therefore, to keep constantly in view the mental peculiarities of their patients, and never to lose an opportunity of influencing the minds of the sick and giving them a tendency towards safety. In truth, everything that is said or done

"in the sick room, is to be regarded as really a medicine, and producing as real if not as manifest effects upon the state of the patient as any of the drugs administered."

In pursuing this subject, our author furnishes copious and striking illustrations of the mental reactions of mind and body, and very properly rebukes the extreme notion to which a desire to avoid materialism has given currency, that mind and body are two separate and independent things. Whatever may be their mutual relations, certain it is that neither one can act or suffer without the action or passion of the other. Nor is it only the immediate instrument of the soul, the brain, which enters into mutual reactions with thought and emotion, but several organs seem to be so directly acted upon by these latter, that, as the author points out, this fact gave rise to the revival, by Bichat, of the doctrine that the moral sentiments were actually seated in the ganglia which supply the great organs of the trunk.

"There is no evidence," he further remarks, "of the existence of one great central point of attachment for the mind, but the ties of its connection with the body are multiplied and diffused. It is not merely, therefore, positive disease existing in the brain that affects the mind."

Weakness of mind nearly always attends feebleness of body in acute disease, and the strongest intellects turn in despair from subjects which would appear simple to a child. It therefore becomes a matter of the highest moment, to regulate all the mental influences to which the sick are subjected; and, above all, to exclude everything which in the smallest degree tends either to exhaust them, or to excite disagreeable emotions. Even children are often injured by the disquiet and the conversation around their sick beds; they are scarcely less susceptible than adults to the injurious impressions which the comments of visitors are in danger of producing. On the other hand, the minds of sick persons often require the stimulus of conversation appropriate to their case, when they have sunk into dull despondency, or are pre-occupied with some erroneous idea. It needs great skill and knowledge of human nature to manage such cases properly.

"All direct and palpable efforts to make the gloomy invalid cheerful are almost always unsuccessful; and yet it is such efforts that are most commonly made use of by the friends of the sick."

We cannot follow our author through the whole of this chapter, which we earnestly commend to the careful study of physicians; but close our notice of it with the following extract:—

"The physician should be something more than a mere doser of the body. Mental influences are among the most important of our appliances in the cure of disease. The physician, therefore, in fulfilling his high vocation, should not only have a full knowledge of mental philosophy, but he should aim to acquire a practical skill in applying its principles to all the ever-varying phases which the mind presents in its connection with disease. The possession of this skill is one of the most valuable endowments of the medical art."

The chapter on "Insanity" appears to be adapted to popular rather than professional readers; but the legal relations of the subject are treated at some length, and with a special reference, it would seem, to the injustice which is committed by our tribunals, in not according to the plea of insanity its proper value. In this country, the physician who is called into court to testify to the credibility of such a plea, comes as a witness biassed in favour of one side or the other. We have even seen him, moved by his convictions or his personal interest in the accused, lay aside the character of witness for that of an

advocate, and convert his testimony into an eloquent and pathetic plea. All this is wrong. The physician is summoned, in such cases, not as an advocate but as a judge, and he should advance to his conclusion with the cool deliberation of one who is entirely ignorant of the consequences which it may entail. The plea of insanity has been so often set up and so frequently sustained by opinions of a character wholly *ex parte*, that both the public and persons of judgment have begun to regard it as a lawyer's trick, and are disposed to distrust its soundness in all cases. We do not know of any case in which, to use our author's words, "life itself has been sacrificed, under all the solemn formalities of law, for acts committed in the irresponsible condition of insanity," but it is notorious that some murderers have escaped punishment upon this plea. It is high time that an end should be put to the wrongs which individuals or the public suffer, by the loose manner in which the plea of insanity is set up in courts of justice, by making those who are to decide upon the mental condition of the accused, officers of the court for the time. In France, where this system is adopted, the physicians charged with this duty approach the prisoner at all times, and, as Dr. BELL, of Boston, describes their functions,

"Watch his actions in his presence and without his knowledge; his habits, his sleeping and waking hours, his physical condition. Everything, in fact, which can throw light upon the momentous question, passes under slow, persevering, scientific investigation. Under the responsibility of reputation as precious to them as those of the highest court, and under the sanction of an oath, they arrive at conclusions, and present their reasons for such conclusions, which form one, not the exclusive, element for a court and jury to arrive at a just judgment."

If such care were taken by our courts to procure the opinions of medical experts, we should have no occasion to deplore with our author the capital condemnation of an irresponsible homicide, or the decision of a jury, which restores to liberty one whom the most skilful and conscientious physicians have pronounced insane. One would suppose that the innate love of justice which characterizes our people, and the leaning towards mercy which is constantly rendering our penal code less severe, would have led us amongst the first to legislate for the insane accused of crimes; yet in this respect we still remain behind European nations, and are every day committing acts of cruel injustice towards either the community or the accused in criminal procedures.

In Chapter XVI. Dr. HOOKER illustrates, by many sound considerations and several apt examples, the salutary influence of hope in promoting the recovery and prolonging the lives of the sick.

"Every medicine that is given," he remarks, "should be administered by the hand of hope. The prospect at least of relief, and generally of recovery, should be held up to the mind of the patient." "Even in those cases in which the physician feels it to be almost certain that the final issue will be a fatal one, it is not proper to give up wholly the idea of recovery, in his conversations with the patients or with his friends."

For the number of cases in which death is absolutely certain to occur within a given time is extremely small, when compared with those in which the issue is altogether doubtful, or is at least uncertain to take place by a fixed period. In these latter, to pronounce a positive sentence of speedy dissolution is as cruel to the patient and as wicked for the physician as if he had violently extinguished the lamp of life. But this is a very different thing from giving utterly false assurances to the sick.

"The former can be consistently done by the upright and high-minded prac-

titioner, but the latter is to be expected only in the ignorant pretender, and the dishonourable and unprincipled physician."

This doctrine is not of universal acceptance; and therefore, in the following chapter, the author applies himself to the consideration of the subject embraced in the question, "*Whether there are any cases in which, for the sake of benefiting our fellow-men, perhaps even to the saving of life, it is proper to make an exception to the great general law of truth.*"

This question is not a novel one. In the "*Elysium Jucundarum Quæstionum*," by FRANCO, a Spanish physician of the 17th century, it is treated with ample details; and we refer to his work in this place because it contains a summary of the opinions of Greek and Roman writers, which may be profitably compared with those who have flourished under a purer form of faith. According to GALEN, "If the patient is courageous, he should have the whole truth told him; but if foolish and timid, everything should be done to keep up his spirits, yet without *greatly lying*. If, however, his alarm is so extreme that you feel constrained to promise him certain recovery, at least let his friends know the truth." "When the case is an extremely dangerous one," says CELSUS, "yet not desperate, the near friends of the patient should be informed thereof, lest it seem that the physician's skill was at fault, or that he did not know the truth." Elsewhere, the same author advises that the patient be soothed with words that "have the semblance of truth." DAMASCENUS advises "to promise the patient recovery, even though you should despair." RHAAZES declares that "the sick are to be encouraged, even when signs of dissolution appear." PLATO decides that "physicians may be allowed to deceive, but none others whosoever: for, in order to sustain the sinking courage of their patients, they must often promise recovery during the last agony." "All the ancient authorities," continues the writer from whom these passages are taken, "look upon the announcement of death as so terrible, that not only would those about the sick to whom it is made take it very ill, but even inveigh against the physician as the author of their friend's dissolution." "Religious and theological writers, on the other hand, maintain that patients should be warned to prepare for death. The Greeks and Romans gave such advice as has been quoted, because they had no knowledge or hope of immortality, but it is evident that the disciples of a faith which looks upon this world merely as a preparatory stage to eternal life, should believe that the fear of death ought not to prevent preparation for eternity. . . . Yet the physician is not to be in haste to announce death, nor to do so rudely or pompously, and least of all to the patient himself. And if, from the feebleness and dejection of the patient's mind, he should infer that his own announcement of danger would be injurious (for some have recovered at the last gasp, who would certainly have been destroyed had the physician communicated his apprehensions), he ought to have him warned by the minister of religion, or by pious persons. For this is always better than to keep silence on so momentous a topic." The contrast between the heathen and the Christian estimate of the subject displayed in the foregoing quotations is very striking, and arises, we can hardly doubt, from the fact that the latter is based upon the doctrine of the nothingness of earthly things when compared with the substantial joys of a future state of existence, while the former is derived from the belief that man's chief end is to be fulfilled on earth.

The general tone of modern writers who have treated of this subject agrees, on the whole, with that of the author last quoted; yet they are by no means unanimous. The subject is an interesting one, and we suspect that the

reader will not be displeased to know the opinions of authoritative writers concerning it. We shall cite those which are regarded as most conclusive on either side of the question.

GREGORY says: "A deviation from truth is sometimes in this case both justifiable and necessary," as when the patient may recover if he is not informed of his danger. "But in every case it behoves a physician never to conceal the real situation of the patient from his relations." HUFELAND is still more explicit; he says:—

"A physician must never forget that nothing ought to emanate from him which may have the effect of injuring the patient or of shortening his days; every word, every look, his whole conduct, must be of an enlivening tendency. . . . The physician must be careful to preserve hope and courage in the patient's mind, represent his case in a favourable light, conceal all danger from him, and, the more dangerous it becomes, show a more cheerful appearance. . . . He can guard himself from the suspicion of not having fully appreciated the nature of the case, by giving a true description of the patient's situation to the relations, and, if they be sickle and negligent, by stating it rather darker than lighter. . . . To announce death is to give death, which is never the business of him who is employed to save life. . . . It is not life alone, but what is still more, reputation, that the physician must risk when the life of a sick person is at stake. . . . The honest physician knows of no other consideration than benefiting the sick. . . . Therefore, he does not hesitate to use also this last resort in order to save his patient, and will either enjoy the triumph of seeing his honest attempt crowned with success, or the still greater triumph of having sacrificed to his duty that which is most dear to him."

The English editor of Hufeland's tract is of opinion that, had the above passages "been further expanded and illustrated, it would have turned out that his difference with the venerable writer was more apparent than real." We can hardly adopt such an exposition, inasmuch as the language of the text appears to us too plain and explicit to be interpreted in accordance with the more commonly accepted and safer doctrine. In several passages of his *Déontologie*, SIMON appears to furnish nearly similar precepts to the above. Thus, when speaking of the conduct which a physician should hold during the prevalence of epidemics, he says, "whatever his personal convictions, or even his conjectures, about the nature of a prevailing disease, he ought on all occasions to pronounce it non-contagious." Again, in a passage bearing more immediately upon the present subject, he thus expresses himself: "Most of those who are suffering from incurable diseases cling to the hope of recovery even until death, and the physician cannot, without cruelty, dissipate this hope, however unfounded it may be." Yet, in another place, he would appear to qualify this general precept; for, admitting that in certain cases of inevitable death the patient should be informed of his situation, the author is of opinion that the physician is not the proper person to discharge this delicate duty. "His function of benevolence forbids him to employ any language, or to do any act, to disturb the mind of the unhappy sufferer." Another person may inform him of his danger without robbing him of all hope, "but, in the mouth of a physician, the same words may, like a thunder-bolt, at once break asunder the cords of life."

The last authority whom we shall quote upon this side of the question is PERCIVAL, whose doctrine is made the subject of an extended commentary by our author.* It is embodied in the following sentences. After citing as

* We are unable to harmonize the doctrine of this passage with that of the same author embodied in our National Code of Medical Ethics, and which is quoted further on. The passage is contained in the notes appended by him to his Code.

an axiom the golden rule, *Do unto others as ye would that they should do unto you*, he proceeds: "To a patient, therefore, perhaps the father of a family, or one whose life is of the highest importance to the community, *who makes inquiries*, which, if faithfully answered, might prove fatal to him, it would be a gross and unfelicitous wrong to reveal the truth. His right to it is suspended, or even annihilated; because, its beneficial nature being reversed, it would be deeply injurious to himself, to his family, and to the public." Subsequently, the author guards this precept by declaring that it should not be appealed to except "in cases of real emergency." Here the doctrine is stated in its boldest and most naked form, but, as is evident from the context, with a sincere and earnest desire to avoid wounding the cause of truth, or opening the door to a licentious disregard of its authority.

Before presenting the commentary of Dr. HOOKER on the above passage, we shall cite several authorities who adopt views opposite to those which have been quoted:—

"When," says FRANK, "all hope of cure is lost, the physician ought to convey the information with extreme caution to the relatives and friends, and even to the patient himself if he should request it, and if it may be done without injury." Dr. MACKNESS considers with some fulness the interesting question before us: "Is it lawful," he asks, "to do evil that good may come? We think not; and whether the expected good does, in the long run, result from a direct violation of the great and eternal principles of truth, is very problematical. We see no reason why a *medical liar* should be exempted from the common and ancient experience, that liars are not always believed, even when they speak the truth." Dr. SAMUEL JOHNSON, with his characteristic straightforwardness, says: "You have no business with consequences; you are to tell the truth." GOSNORNE speaks to the same effect: "The physician may not be bound, unless expressly required, invariably to divulge, at any specific time, his opinion concerning the uncertainty or danger of the case; but he is invariably bound never to represent the uncertainty or danger at less than he actually believes it to be: *he is at liberty to say little, but let that little be true.*" "It often happens (says Dr. WATSON), that a person is extremely ill, and in great danger, but yet may recover, if he is not informed of his peril. To tell a person in these circumstances that he is likely to die, is to destroy his *chance* of recovery. You kill him, if you take away his hope of living. . . . If I see that a case is absolutely and inevitably mortal, either soon or at some little distance of time, I leave it to the discretion of the person with whom I communicate, to disclose or conceal my opinion, as he or she may think best."

In the next chapter to that under notice at present, Dr. HOOKER expresses sentiments almost identical with these. "The physician," he remarks, "should, even in desperate cases, avoid producing the impression upon the mind of the patient that he really believes the case to be hopeless. Nothing but the most absolute certainty would warrant his doing this. The cordial influence of hope is often one of the means by which a recovery is effected, and the absence of this one means may prove fatal."

The last authority we intend to cite in reference to the present question, is the Code of Medical Ethics of our own National Association, which, it will be perceived, harmonizes with those last quoted. It is borrowed from Percival. "The physician should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly

alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy."

In considering further, with Dr. HOOKER's guidance, this delicate subject, it should be distinctly understood, that the question is not whether we are at liberty to conceal the truth, but whether, in doing this, we are permitted to set a falsehood in its place. We have seen that many wise and good men maintained the affirmative proposition, and we know that many still act in conformity with it. Their character absolves them from all suggestion of criminality, although their actions may have been mischievous in their tendency. Whether they were really so or not, the reader may judge in the light of Dr. HOOKER's commentary. He remarks, in the first place, that "it is erroneously assumed by those who advocate deception, that the knowledge that he concealed from the patient would, if communicated, be essentially injurious to him." This assertion is alleged to be far from warranted by facts. "It is also erroneously assumed that concealment can always, or generally, effectually be carried out." But this is evidently not the case, and an accidental discovery by the patient of the truth would have infinitely graver consequences than its judicious announcement. "The destruction of confidence, resulting from discovered deception, is productive of injurious consequences to the person deceived." This is strikingly true as regards children, for they cannot, like adults, appreciate the motives of such a deception. "The general effect of deception, aside from the individual which it is supposed it will benefit, is injurious." It weakens the confidence which it is so soothing for the sick to feel in those around them, and so impairs many of the influences which might be usefully employed for their benefit. Thus it is that small events ripen into vast consequences. "If it be adopted by the community as a common rule, that the truth may be sacrificed in urgent cases, the very object of the deception will be defeated." This proposition is self-evident. "Once open the door for deception, and you can prescribe for it no definite limits." In summing up his arguments upon these heads, the author thus concludes:—

"I think it perfectly evident that the good which may be done by deception in a few cases is almost as nothing compared with the evil which it does in many cases, when the prospect of its doing good was just as promising as it was in those in which it succeeded."

"It is always a question of expediency simply, whether the truth ought to be withheld. And it is a question which depends for its proper decision upon a variety of considerations in each individual case. The obvious rule on this subject is this—that the truth should not be withheld unless there be a reasonable prospect of effectually preventing a discovery of it, and that, too, by fair and honest means."

On a review of the whole of this subject, we are led to the following conclusions: 1st. Absolute truth should be the rule of our intercourse with the sick. 2d. Exceptions may exist to this rule as to every other—*i. e.* it is forbidden to kill, but it is lawful to do so in order to save a life that is menaced by a murderer. 3d. Deviation from truth in any other than such rare and altogether exceptional cases, is in the highest degree culpable, and would lead, if permitted, to the destruction of all confidence in physicians, both professionally and as men. 4th. It is not possible to specify, beforehand, the circumstances in which either one of two conflicting moral laws shall be permitted to have the ascendancy. But whenever, in the practice of medicine, such a conflict arises, physicians are bound, by every principle of honour, morality, and religion, to examine thoroughly all the circumstances

of the individual case, and decide according to the true advantage of their patients.

Chapter XVIII. on the "Moral Influence of Physicians," is one of the most interesting in Dr. HOOKER's work. It points out the tender and intimate relations in which a physician stands to his patients, and the gentle and humanizing influences on his own character, which his office of consoler and benefactor must exert. It has often been alleged by those who are unable to appreciate all that this office confers of true benevolence, that the physician must become hardened and unfeeling by his perpetual contact with the sick and dying. If all history and all actual experience did not prove that physicians are continually to be found as the most active and successful promoters of beneficent enterprises, the least consideration of the nature of their duties would prove that they, of all men, are most likely to have developed whatever qualities most adorn and dignify the human character, and open in the heart those springs of benevolence which refresh and fertilize the waste places of humanity. True, the physician will not, as our author remarks, "have that manly sensibility which vents itself in sighs, and expressions of pity, but stops short of action," but he will be filled with that pity, and sympathy, and kindness, that passes by no sorrow which it may console, and that leaves no suffering unrelieved. The benevolence which, instead of barren pity, gives relief, and instead of tears alone pours the oil of healing into the wounded heart, is likest to the divine mercy, whose existence is revealed by acts alone. The habit of doing good becomes a part of his nature, and is more beautiful when its genial refreshment falls like the dews of heaven upon the sufferer, than if it descended like the storm of rain, prostrating more than it revives. Susceptibility of character is no proof of benevolence, but is often found allied with the most calculating selfishness; its possessor finds no worthier object of sympathy than himself, and he will mourn profusely over his own real or fancied pains, though he should refuse a tear to the sufferings of his fellow-men. Without doubt, the medical profession includes a great many persons who are pre-eminently merciless and selfish, for it cannot transform devils into angels of light; but its whole history, and the slightest acquaintance with its actual members, suffice to prove that it tends to humanize many hearts to which nature has been sparing in her gifts, and to expand and ennoble beyond example those whose native tendencies are towards good deeds.

In his concluding chapter, Dr. HOOKER enumerates the trials and pleasures of the physician's life. Of the former, the number is great; and unfortunately we are so constituted that we seldom forget what we have suffered, but the daily and hourly blessings we enjoy leave hardly a more lasting impression upon our hearts than a ship's keel upon the sea. The genial sunshine, the gentle dews, the springing flowers, and slow maturing fruits, which give us life, and food, and health, are forgotten with the moments when they were enjoyed, but we never forget the calamities which attend upon their privation. It is well, therefore, that, along with a catalogue of the grievances which as physicians we are compelled to bear, we should be furnished with a remembrance of the many joys and privileges which are incident to the medical profession.

The physician is indeed the slave of his fellow-men. His time is not his own, no, nor yet his life. At all times, in season and out of season, by day and by night, he must sacrifice his own comfort to lessen the sufferings of his fellow-men, and "when prevailing disease spreads terror through the community," he must be at his post and expose himself to the pestilence. Well

might HOFFMAN exclaim, "A practitioner's existence has good reason to be held the most miserable of all. He is the slave of slaves; his whole time is taken up in lengthening the life of others, and in shortening his own." CASPER, of Berlin, has demonstrated that, "in point of longevity, physicians come not only after theologians (who live longest), but also after merchants, soldiers, lawyers, artists, and literary men."

Physicians are, in general, poorly compensated. "A large proportion of their patients feel a less urgent obligation to pay them than they do to pay others. I know not any other reason for this, than the *intangibility* of the favour which is bestowed by the physician." The physician, too, is perpetually exposed to have his feelings, as a scientific and benevolent man, wounded by the desertion of his patients to the ranks of quackery, and to witness the sacrifice of their lives or health at some impostor's shrine. He has enough to bear in feeling the impotence of art in but too many cases, without being subjected to the mortification of seeing that all his care and skill have failed to inspire confidence or respect. He is also subject to the pain of finding, even in acute diseases, the most skilful and judicious treatment fruitless; and, in chronic affections, he is constantly called upon to suffer a real bereavement in the death of patients, between whom and himself an attachment has grown, out of their thankfulness for his good offices, and his admiration of their gentleness, patience, and resignation. "One of the greatest trials which the physician has to bear is the ingratitude of those upon whom he has conferred favours." In fact, as our author remarks, the strongest evidences of this feeling proceed from those upon whom he has conferred the highest favours, perhaps those which are entirely gratuitous. It is, indeed, notorious that charitable services are very seldom repaid by gratitude, and that, of all the means by which a physician's practice is increased, the recommendation of those whom he has befriended is the most insignificant. Indeed, such is the perverseness of human nature, that we have known a physician to be depreciated by persons on whom he had lavished year-long attendance, as a sort of vengeance for his daring to bestow charity upon them. Our author truly says, "There is not as much gratitude in the world as is commonly supposed." An old physician of his acquaintance used to classify the poor thus: "the Lord's poor, the devil's poor, and poor devils." Of these, the last are too lazy to experience so lively a feeling as gratitude, and the second are too vicious; the remaining small class afford, perhaps, more of the consolations of which a physician stands in need than all his other patients together. They are not so rich as to be humbled by receiving a favour, nor so proud as to resent its reception. The spirit of the age is hostile to such a feeling as gratitude. Our institutions, it must be confessed, are mortal to it. To be convinced of this sad truth, one has but to compare the manners of the recent emigrant, who is eloquent in thanks to the physician who has rescued him from typhus or some other grave disease, with the surly, half-insolent manner in which the same individual will, a few years later, receive, but not requite, the like services.

The clerical profession must be added as another class from which physicians too commonly receive ingratitude and injury in return for the gratuitous services which they have rendered without stint. The author speaks more in sorrow than in anger of this unnatural conduct, which admits neither of excuse nor palliation, and which he justly reckons "among the most vexatious trials of a medical life." But it is only one of the thousand analogous sufferings which the ingratitude of mankind inflicts upon our profession. At every step, and from every rank in the community, we are compelled to receive evil for

good, and to witness the bestowal of panegyric and reward upon every class but our own.

A most flagrant and memorable illustration is furnished by Dr. HOOKER.

"After the yellow fever of Philadelphia, in 1798, had subsided, at a meeting of the citizens, in which the committee who superintended the city during the prevalence of the disease was honoured with a vote of thanks, a similar vote was proposed in relation to the physicians, but *was not even seconded*, though nearly one-fourth of their number perished in their efforts to save that ungrateful people from the ravages of the pestilence!"

As a pendant to this picture, we present the following: "During the 'famine fever' of 1847, in Ireland, *one hundred and seventy-eight Irish medical practitioners*, exclusive of medical pupils and army surgeons, *died*, being a proportion of 6.74 per cent., or one in every 14.83 medical practitioners in a single year" (*Lancet*, vol. i., for 1848, p. 186). Yet we have never heard that any memorial was consecrated to their honour, or that the wives and children of these noble martyrs had even one penny allotted to them by the government, at whose call their husbands and fathers laid down their lives as an offering upon the altar of humanity.

The heart sickens at such details, and we gladly turn from them to glance at the pleasures and rewards which the upright physician may enjoy. But whether these be great or small, it should never be forgotten that there is, after all, but one among them which can atone for the pains and trials of a medical life, and that is, the consciousness of having performed one's duty. As it is the only full and complete remuneration possible, so is it the only one which it is not in human power either to give or to take away. Whoever looks exclusively to any other reward will, beyond all peradventure, be grievously disappointed; and whoever limits his ambition to this difficult achievement will find that he possesses a charm which will heighten the joys of the most eminent prosperity, and sweeten the bitterest cup which adversity may oblige him to drink.

The pleasures of a medical life are, indeed, various, and precious to him who has the faculty of appreciating them. Our author points out several of the most striking. It will be seen, however, how totally unsatisfying they must be to men of vulgar tastes and narrow minds. Medical science is, beyond comparison, the most engaging of all, because, if for no other reason, upon it every other science sheds light; but it is rendered even more attractive by leading directly to the improvement of the most necessary and beneficent of human arts. The exercise of this art must be pre-eminently delightful, since it enables the physician to save life, to alleviate pain, and indirectly to diffuse joy through families which had else been made desolate. No wonder that the habit of producing such results should render the physician "a hopeful, a cheerful, a happy man." The kindness and affection, too, which are so often shown him, the tokens of gratitude which he sometimes receives, his position as a confidential friend and adviser, the homage which so many persons are in the habit of paying to his authority; these are pleasures which go far to make him forget the ingratitude and disrespect which it is too often his lot to experience. No man is so welcome as he in the domestic circle; his learning or accomplishments render him an honoured guest to the cultivated and refined, and his knowledge of human nature makes him at home among the humblest ranks of society. No other human being is assured, like the physician, of a cordial welcome wherever he may go; none other can enjoy the consciousness of having carried the light of hope into so many hearts, or look back upon the experience of a lifetime so replete with

good and useful deeds. Such reflections should yield support and consolation to all who are ready to faint under the trials which the practitioner of medicine cannot altogether escape. When he is weary with fatigue, stung to the heart by ingratitude, oppressed by his sense of responsibility, in despair at the slender returns of his painful toil, and shocked at the empire which false systems are gaining over the community; let him turn to the bright and genial image of his noble profession, which, like an incarnate Providence, is glorious with all human wisdom, and beneficent with more than human bounty—the profession which furnished one, the only one, of whom the greatest of rulers could say, “he was the most upright man that I have ever known.”* A. S.

* NAPOLEON bequeathed to LARREY 100,000 francs, with this sentence.